

Testimony of Vincent deLuise, M.D.
In Opposition to
HB7159 – AN ACT UPDATING THE SCOPE OF PRACTICE OF OPTOMETRY

March 5, 2007

Good afternoon, Senator Handley, Rep. Sayers, Rep. and other distinguished members of this committee. For the record my name is Vincent deLuise, I am a board certified ophthalmologist with fellowship training in cornea. I am here to strongly oppose HB 7159 and to provide some insight into the specialty training of cornea specialists and the treatment of cornea ulcers and the extraction of foreign bodies from the cornea.

Clinical fellowships in cornea are designed to train ophthalmologists in the development of a comprehensive and thorough knowledge of the cornea, the diagnosis and management of cornea disease, such as *Acanthamoeba keratitis*, which can be a blinding disease if not aggressively treated, cornea disorders, such as cornea ulcers and surgery, including the removal of foreign bodies, refractive surgery and cornea transplants. Each fellowship is approximately 12-24 months and involves extensive treatment and management of cornea disease, disorders and surgical procedures.

HB 7159 seeks to expand optometry's scope of practice to include the treatment of corneal ulcers. Corneal ulcers are serious, sight-threatening infections of the cornea. Corneal ulcers arise from infections caused by bacteria, viruses, or fungi. Recently, you may have read about some serious complications, including severe loss of vision and blindness, from an outbreak of corneal ulcers due to a specific fungus, *Fusarium*, and involving certain types of contact lens solutions. Even before the recall of ReNu MoistureLoc solution, fungal corneal ulcers from non-therapeutic contact lens use have been on the rise. Studies reported in the peer-reviewed journal *Eye Contact Lens* found that fungal corneal ulcers seen in the setting of non-therapeutic contact lens wear are up from 21% in 1999 to 45% in 2006. Contact lens wearers are particularly susceptible to corneal ulcers if they sleep in their contact lenses. Even the newest contact lenses, which have been approved by the FDA for overnight wear, can be associated with corneal ulcers.

Corneal ulcers require prompt and expert attention by an eye physician, who is uniquely trained in infectious disease. Corneal ulcers require correct diagnosis, scraping of the cornea for a microbiological diagnosis, the frequent use and adjustment of antibiotic eye drops, and close daily office follow-up. If this care is not done promptly and properly, a corneal ulcer can melt through the cornea and cause visual loss. Corneal ulcers can leave scars, which in turn can cause visual loss.

HB 7159 also looks to expand optometry's role in taking out superficial foreign bodies of the eye, which are common injuries and allowing them to remove much deeper foreign

bodies that may require surgical training. These "deeper" foreign bodies often occur with metal workers and garage mechanics. These patients present with severe pain, redness, and blurred vision. The proper evaluation of a foreign body in the eye includes diagnosis, an evaluation of how deep it is in the cornea, and the use of sterile needles and instruments to gently to remove the foreign body, without pushing it deeper into the eye, and without the needle or instrument penetrating into the eye. Penetrating the eye is a serious risk and could lead to infection and vision loss. The proper removal of non-superficial corneal foreign body or those past the Bowman's membrane area is an office surgical procedure which requires medical and surgical training and should be performed by an eye physician, who is the only eye care provider uniquely trained through his or her internship, residency and fellowship training.

I hope I have provided some insight into the anatomy of the eye and its complexity and I hope that this committee strongly considers **opposing HB 7159** which would truly expand the scope of optometry.

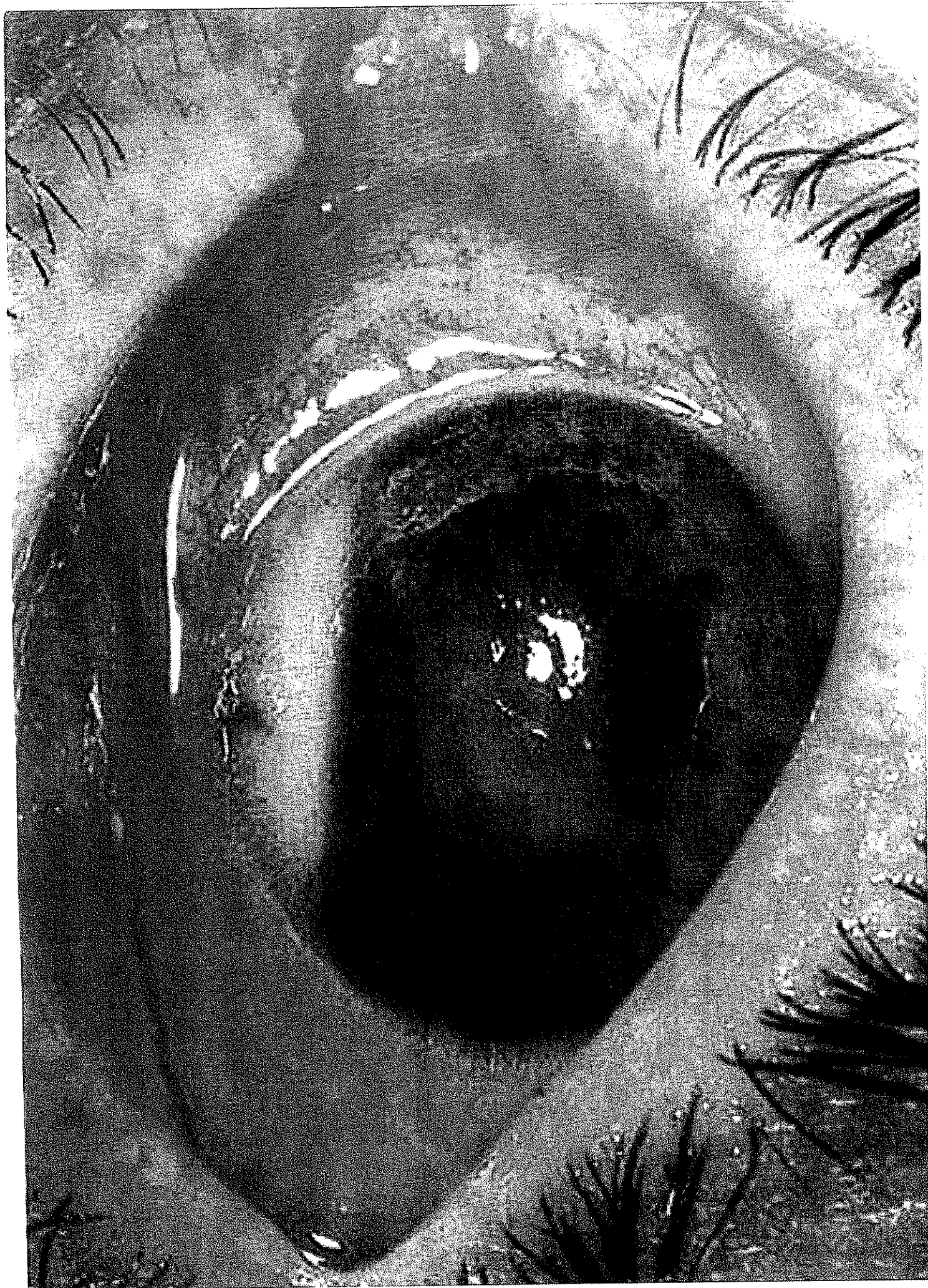
Thank you and I can answer any questions you may have at this time.



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